2010 Calendar Year



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Maine Ethics Commission

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

2010 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A – 1019)

Covering the calendar year January 1, 2010 through December 31, 2010

Please file this statement with the <u>Clerk of the House</u> or <u>Secretary of the Senate</u> by 5:00 p.m. on February 18, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

	LEGISL	ATOR INFORMATION					
Name			Office:				
Jerryk. Momison			House	Senate			
Mailing address O'			District 120				
City, zip code			Phone				
South Portland Me 0406			207-831-0828				
PART 1. INCOME DERIVED FROM EMPLOYMENT BY ANOTHER							
List the name and address of each employer from whom you received compensation of \$1,000 or more. Specify the principal type of economic activity of each employer.							
None	orii i i i i i i i i i i i i i i i i i i	Northern State Control (No. 100 Marie and State Control (State Con	MATAINERY TONING WILLIAM WILLIAM WILLIAM STATES AND				
Name of Employer		Address		f Economic Activity nployer			
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Inn at St John	939	Congress - Podland	MEDYNA	Inn/Hotel			
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			-				
PART 2. INCOME DERIVED FROM SELF-EMPLOYMENT OR LAW PRACTICE							
	CLICE AL STRAC	ess varaliese programa en		and difference of the second of			
A. List the name and address of your business or law firm, if any, and list the major areas of economic activity or practice from which you derived income. If associated with a partnership, firm, professional association, or similar business entity, list the major areas of economic activity or practice of that entity.							
None			,				
Name and Address of Business Entity or Law Fi	irm	Major Areas of Economic Activity/ Law Practice (self)	Law I (partnership, asso	Economic Activity/ Practice ciation, firm or similar ss entity)			
Name:	į	_					
Address:	-						
Name:		A STATE OF THE STA	: :				
Address:	- - -		•				

PART 2 (continued). INCOME D	DERIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or \$1,000, whichever is greater, and specify the principal type of income. If this form of disclosure is prohibited by law, rule, or an economic activity of the entity or person from whom the income was	economic activity of the entity or pe established code of professional eth	erson from whom you derived such
Name and Address of Source	о-Бабот-В ВВА-т-Р «нобав» — « у о « « « « « « « « « « « « « « « « «	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name: Address:		
Name:	nekrasorranna essa servagen enerras som prospessor de se	
Address:		
PART 3: OTHER	SOURCES OF INCOME	
List each source of income of \$1,000 or more <u>not listed</u> in Parts 1 c	or 2 of this form. Do not include gifts	or honoraria. If none, check the
None		TOWN TO RESIDENCE THAT THE THE THE THE THE THE THE THE THE TH
Name and Address of Source	:	Kind of Income (investments, leases, etc.)
Name: Address:	3 The state of the	COCCUPATE EXPLORMENTATION OF COCCUPATE COCCUPATE AND
Name: Address:	*	- -
Name: Address:		
PART4. REPOR	TABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or areas of economic activity of each creditor. Do not list credit card liar regulated financial institutions. If none, check the box.		
None		,
Name and Address of Creditor	nn a stainn an agus an Alban an ta an	Principal Type of Economic Activity of Creditor
Name: Address:		
Name: Address:		
PART 5. REP	ORTABLE GIFTS	
List the specific source of gifts received during the reporting period v	vith an aggregate value of more than	\$300. If none, check the box.
None	**************************************	
Name of Source of Gift	~~~~	ource of Gift
1.	3.	
2.	4.	A STATE OF THE STA

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PART 6. I	REPORTABLE HON	IORARIA		
List the source of any honoraria accepted for appearances	or speeches. If none,	check the box.		
None				
Name of Source of Honoraria		Name of Source	of Honoraria	
1.	3.			
	reet ta		•	
2.	4.		**************************************	
<u>.</u>				
PART 7. REPRESE	NTATION BEFORE	STATE AGENCIES		
List each executive branch agency before which you repre	sented or assisted oth	ners for compensation of	any amount. If none, check the	
box.				
None			AV	
Name of Agency		Name of A	(gency	
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	3			
PART 8. BUS	INESS WITH STATI	AGENCIES		
List each executive branch agency to which you or a mem	nber of your immediate	e family sold goods or se	rvices with a value in excess of	
\$1,000 during the reporting period. Indicate whether you or	a family member sold	the goods or services. If	none, check the box.	
None		enter de la companya		
Name of Agency		Name of Agency		
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2.	4.	4	,	
•	A			
PART9. INCOME RECEIV		Makin Litera, Tarrese, a escripi karindaria	i in in the state of the second of the secon	
List the type of economic activity representing each source dependent child(ren) during the reporting period and the kir	e of income of \$1,000 and of income represent	or more received by you ted. If your spouse or do	spouse or domestic partner or mestic partner received income	
of \$1,000 or more, list his or her name and job title. List only	y the job title of depend	dent children who receive	d income of \$1000 or more. Do	
not include gifts.	T. ma at East	nomic Activity		
Name of Spouse or Domestic Partner and Job Title	Representing S	ource of Income	Kind of Income	
	Rec	eived		
		. 1.		
Name:	2.	2.		
Job Title:	3.	3.		
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A OFFICE AND A CONTRACT OF THE			and the second s	
Dependent Child(ren) - Job Titles Only			And Mileston Commence and Comme	
Job Title:				
		A CONTRACTOR OF THE PROPERTY O		
Job Title:	•	•		
		2		
Job Title:			workelding belander to the control of the control o	

PART 10 OFFIC	ER OR DIRECTOR	POSITIONS		
List any for-profit or nonprofit corporation, firm, association, pa held any office, trusteeship, directorship, or position of any nat tion was compensated. If a family member listed, indicate you	ortnership or business ture. Indicate whether	in which you or a me you or a family held	the position and w	ediate family hether the posi-
None				
Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
	1977 - Carlon Barrer, ann ann ann ann ann ann ann ann ann an	Select		Select
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	Na sana	energy t t		
	SIGNATURE			
A Legislator who willfully fails to file a required statement	is subject to a fine of	of up to \$100. (1 N	/I.R.S.A. § 1017-A	A)
The intentional filing of a false statement is a Class E criwillfully filed a false statement, it shall refer its findings of Signature	fact to the Attorney	General. (1 M.R.:	5.A. § 1019) 4/20 \ ate	Logistator ricc
ADDITIO	NAL INFORMATIC	N		
Please provide any additional information below (and on the information you are providing. Use additional pages,	additional sheets if if necessary.	needed). Indicate	e the part or secti	on number for
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